

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)
<b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		4544 - 060174
Application Number 10/566,223		Filed 7/29/2003
For "Method for Diagnosis of Tuberculosis by Smear Microscopy, Culture and Polymerase Chain Reaction Using Processed Clinical Samples and Kit Thereof"		
Art Unit 1637		Examiner Angela Marie Bertagna

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	<u>\$ 130</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	<u>\$</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	<u>\$</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	<u>\$</u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	<u>\$</u>

Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed.

Payment by credit card.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to  
Deposit Account Number 23-0650.

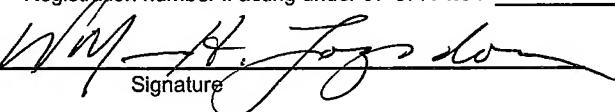
**WARNING: Information on this form may become public. Credit card information should not be included on this form.  
Provide credit card information and authorization on PTO-2038.**

I am the  applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

attorney or agent of record. Registration Number 22,132

attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34

  
\_\_\_\_\_  
Signature

June 3, 2010

\_\_\_\_\_  
Date

\_\_\_\_\_  
William H. Logsdon

\_\_\_\_\_  
412-471-8815

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.